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13. ABSTRACT (Maximum 200 Words)

Obesity is a risk factor for breast cancer development in postmenopausal women and correlates with shorter disease-free and overall survival in breast cancer patients, regardless of menopausal status. Adipose tissue is a major source of leptin, a pluripotent cytokine regulating energy balance and controlling different processes in peripheral tissues, including breast cancer cell growth. In this work, we asked whether leptin can stimulate breast cancer cell growth and counteract anti-tumorigenic activities of the antiestrogen ICI 182,780 (ICI). MCF-7 estrogen receptor alpha (ERa)-positive breast cancer cells were used as a model.

MCF-7 cells were found to express the signaling form of the leptin receptor and respond to leptin with cell growth and activation the STAT3, ERK1/2, and Akt/GSK3/pRb pathways. As expected, the exposure of cells to 10 nM ICI blocked cell proliferation, induced rapid ERa degradation, inhibited nuclear expression of ERa, and reduced ERa-dependent transcription from estrogen response element-containing promoters. All these effects of ICI were significantly attenuated by simultaneous treatment of cells with 100 ng/ml leptin. We concluded that leptin interferes with the effects of ICI on ERa in breast cancer cells. Thus, high leptin levels in obese breast cancer patients might contribute to the development of antiestrogen-resistance.

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INTRODUCTION

In the United States over 60% of population is overweight or obese. Obesity is an underlying cause of more that 30 different diseases, including certain types of cancer. Numerous epidemiological studies documented that obesity is a risk factor for postmenopausal breast cancer (1-4). Furthermore, increased body weight and body mass index (BMI) have been associated with shorter disease-free and overall survival in breast cancer patients, regardless of age and menopausal status (4). Some studies also suggested that obesity can reduce the efficacy of anti-breast cancer chemotherapy (5). In animal models, high adiposity has been linked with increased incidence of spontaneous and chemically induced mammary tumors (6-9).

Human obesity is associated with increased levels of leptin, a 16 kDa circulating hormone controlling food intake and energy balance by providing signals to the hypothalamus (10). In addition to its central nervous system (CNS) activities, leptin regulates multiple processes in peripheral tissues, including hematopoiesis, immune responses, puberty, pregnancy, and lactation (10-14). In cellular models, leptin has been shown to activate proliferation, angiogenesis, motility and invasion (10, 15-22). The major source of leptin is adipose tissue; however, leptin can be produced by other organs, including the mammary gland (10-12).

The activities of leptin are mediated through the transmembrane leptin receptor (ObR) (23). In human tissues, at least four isoforms of ObR with different C-terminal cytoplasmic domains have been described (24). The full (long) form of ObR (ObR_i) is 1165 aa long (~150-190 kDa) and contains extracellular, transmembrane, and intracellular domains. The extracellular domain binds ligand, while intracellular tail recruits and activates signaling substrates. Only ObR_i has a full signaling potential, while the shorter ObR isoforms have diminished or abolished signaling capability (25-28). The signaling pathways known to be activated by ObR_i include the classic cytokine JAK2/STAT3 pathway, the Ras/ERK signaling cascade, the kinases PI-3K, Akt, p38, and PKC as well as nitric oxide and phospholipase Cg (25-27). Ultimately, induction of ObR_i can activate the expression of several genes involved in cell proliferation, including *c-fos*, *c-jun*, *jun* B, *egr-1*, *socs3* (25, 26).

Although leptin is necessary for normal mammary gland development in rodents and humans (11, 12, 18, 29), recent studies suggested that the hormone might be involved in mammary carcinogenesis (18-22, 30, 31). Notably, leptin (31) and ObR (20) have been detected in human breast cancer specimens. In breast cancer cell lines T47D and MCF-7, leptin has been shown to stimulate DNA synthesis and cell growth acting through the STAT3 and ERK1/2 signaling pathways (18-20, 22). Leptin has also been shown to induce transformation (anchorage-independent growth) of cancer but not normal breast epithelial cells (18). Finally, leptin-deficient mice have decreased incidence of spontaneous and oncogene-induced mammary tumors (30).

The possible impact of leptin produced in mammary tissue on breast cancer development is yet unknown. The role of circulating leptin remains unclear, with

clinical studies reporting either positive (32), negative (33), or no association (34) of serum leptin levels with breast cancer.

In addition to leptin, adipose tissue is a source of estrogens produced, via aromatase conversion, from androstenedione in postmenopausal women (35). Recent studies suggest that leptin and estrogen systems are involved in functional crosstalk. For instance, leptin has been shown to modulate, either positively (36, 37, 38) or negatively (39, 40) aromatase activity. Reciprocally, 17-b-estradiol (E2) has been found to upregulate leptin mRNA and protein synthesis in adipocytes (41). E2 can also modulate ObR expression (42), possibly through the putative estrogen responsive element (ERE) in the *ObR* gene promoter (43).

In this study, we explored a new aspect of leptin/estrogen crosstalk. Specifically, we asked whether leptin can interfere with anti-tumorigenic effects of the antiestrogen ICI 182,780 (ICI). ICI (Faslodex, fulvestrant, AstraZeneca), which induces estrogen receptor a (ERa) degradation through ubiquitin-mediated mechanism (44-47), is currently used for treatment of hormone receptor positive metastatic breast cancer in post-menopausal women with disease progression following other hormonal therapy (44).

TECHNICAL REPORT

During the reporting performance period we addressed the role of leptin in breast cancer cells, focusing on leptin-estrogen cross-talk, as proposed in SOW. The following experiments have been performed:

1. ObR_i is expressed in ERa-positive breast cancer cell lines.

To study possible effects of leptin on ICI action, we first assessed the expression of ObR_i, a signaling form of ObR, in a different breast cancer cell lines. Several ObR isoforms (~190-150 kDa) were detected in ERa-positive and ERa-negative breast cancer cells by WB (Fig. 1, Garofalo et al., Appendix). Notably, the greatest expression of ObR_i 190 kDa was found in ERa-positive cell lines, MCF-7 and T47D. The shorter isoforms of ObR were abundant in ERa-negative cells (Fig. 1). For further experiments, we selected MCF-7 cells because they are E2- and ICI-responsive and express high levels of ObR_i

2. Leptin induces multiple signaling pathways in MCF-7 cells.

We examined leptin effects on the activation of different ObR_i signaling pathways in MCF-7 cells. In addition to ObR_i pathways known to be induced in breast cancer cells, i.e., STAT3 and ERK1/2 (18-20), we studied whether leptin can activate Akt/GSK3 antiapoptotic signaling and whether it can phosphorylate (and thereby block) a key cell cycle inhibitor, pRb.

The stimulation of ObR_I by leptin was assessed at different time points, from 5

min to 24 h. The stimulation of MCF-7 cells with leptin induced multiple signaling elements, including STAT3, ERK1/2, Akt, GSK3b (Fig. 2, Garofalo et al., Appendix). These leptin effects coincided with the phosphorylation of pRb on Ser⁷⁹⁵ (Fig. 2B).

3. Leptin stimulates the proliferation of MCF-7 cells and interferes with ICI-dependent growth inhibition.

The mitogenic effects of leptin at doses 1-1000 ng/ml were studied in MCF-7 cells at 1 and 3 days of treatment (Fig. 3, Garofalo et al., Appendix). Confirming the results of other investigators (18, 20), we found that the highest proliferation rates were induced with 100 ng/ml leptin, while lower leptin concentrations (1 and 10 ng/ml) were less mitogenic.

At days 1 and 3, 100 ng/ml leptin increased cell growth over that seen in SFM by 20 and 38%, respectively (Fig. 3). Leptin did not affect cell proliferation in the presence of 17-beta-estradiol (E2) at any time point. However, leptin consistently counteracted cytostatic effects of ICI. Specifically, at day 1 and 3 the addition of leptin to ICI-treated cells increased proliferation by ~30 and ~ 45 %, respectively (Fig. 3). ICI was used at a concentration of 10 nM, which is cytostatic but not cytotoxic for MCF-7 cells, as demonstrated by us before (48).

4. Effects of leptin on the nuclear abundance of ERa in ICI-treated MCF-7 cells.

To study the mechanism of leptin interference with ICI, we assessed the abundance of cytoplasmic and nuclear ERa in MCF-7 cells treated with E2, E2 + ICI, ICI, ICI + leptin, and leptin alone (Fig. 4, Garofalo et al., Appendix). As expected, E2 significantly (by ~ 50%) decreased the cytoplasmic expression of ERa and increased (by ~150 %) its nuclear levels, relative to ERa under SFM conditions. Also predictably, ICI treatment induced the degradation of ERa, resulting in reduced ERa abundance in the cytoplasm and nucleus (~ 85 and 70%, respectively). These effects of ICI were partially reversed in the presence of E2 (Fig. 4). The addition of leptin to ICI-treated cells significantly improved nuclear ERa expression, but had only minimal effects on the cytoplasmic ERa levels. Leptin alone had no significant effects on ERa expression in the cytoplasmic and nuclear compartments (Fig. 4).

The above observations were confirmed by fluorescence microscopy of ERa in MCF-7 cells treated with ICI in the presence or absence of leptin. $ER\alpha$ accumulated in the nucleus upon E2 stimulation, while a 24 h-treatment with ICI dramatically reduced nuclear ERa expression. The effect of ICI was prevented by the addition of leptin (Fig. 4B).

5. Leptin increases ERa recruitment to the pS2 promoter in ICI-treated MCF-7 cells.

The function of nuclear ERa under different conditions was addressed with ChIP assay (Fig. 5, Garofalo et al., Appendix). We found that the stimulation of MCF-7 cells with E2 increased (~ 5-fold) the recruitment of ERa to the classical E2-responsive ERE-containing pS2 gene promoter. This effect coincided with the greater

association of pol II to the pS2 regulatory sequences (Fig. 5). In the presence of ICI, the recruitment of ERa to the pS2 promoter was similar to that seen in untreated cells, and the recruitment of pol II was completely blocked. The addition of leptin counteracted the inhibitory action of ICI, resulting in a greater association of pol II (increased by ~ 2-fold) and ERa (~ 3-fold) to the pS2 promoter. Leptin alone did not stimulate the recruitment of either ERa or pol II to the pS2 promoter (Fig. 5).

6. Effects of leptin on ERa transcriptional activity in ICI-treated MCF-7 cells.

We validated ChIP results using ERE-luciferase reporter system (Fig. 6, Garofalo et al., Appendix). In control experiments, E2 significantly (by ~ 250%) stimulated ERE-dependent transcription above the basal level (SFM), while the addition of ICI to E2 abolished this effect. Leptin alone did not activate ERE transcription above that seen under SFM conditions. Similarly, leptin did not improve E2-dependent ERE activation. In the presence of ICI, ERE activity decreased ~ 60% below basal levels. In contrast, in ICI + leptin co-treated cells, ERE activity was increased ~ 50 % above the level recorded in untreated cells.

7. Leptin increases ERa half-life and reduces ERa ubiquitination in ICI-treated MCF-7 cells.

ICI is known to induce rapid degradation of ERa in MCF-7 (46, 50). We asked whether leptin increases ERa stability in ICI-treated cells (Fig. 7, Garofalo et al., Appendix). Using pulse-chase assay, we confirmed previous observations that ERa half-life in untreated cells is ~ 4h, and in ICI-treated cells ~ 1.5 h (47, 50). The addition of leptin increased ERa half-life to ~2.5 h (Fig. 7A).

Next, we addressed the mechanism by which leptin might decrease ERa turnover. Since ICI- and E2-dependent degradation of ERa occurs through the ubiquitin-proteasome pathway (46, 47), we studied the effects of leptin on ERa ubiquitination (Fig. 7B). The ubiquitination of ERa was undetectable in untreated cells, while it was increased when the cells were treated for 1 h with ICI or E2. The addition of leptin greatly reduced ERa ubiquitination in ICI-treated cells (Fig. 7B). Leptin alone did not induce ERa ubiquitination. However, ERa ubiquitination was still observed when ICI was challenged with E2 (data not shown). The above treatments had no effects on the expression and ubiquitination of b-catenin, a known target of proteasome (49)(Fig. 7B).

Key Research Accomplishments:

- Documented that ERa-positive breast cancer cell lines express signaling form of leptin receptors ObRI;
- Demonstrated that leptin is a mitogen for MCF-7 ERa-positive breast cancer cells:
- Demonstrated that in MCF-7 cells leptin stimulates several growth and apoptotic signaling pathways, including Akt/GSK3, ERK1/2 and STAT3;
- Demonstrated that in MCF-7 cells leptin interferes with the action of the antiestrogen IC1182,780;
- Demonstrated that leptin-mediated interference with ICI182,780 is related to increased ERa stability and improved ERa transcriptional activity.

Reportable Outcomes:

1. Manuscripts and scientific presentations:

Manuscripts:

Garofalo, C., Sisci, D., <u>Surmacz, E.</u> Leptin interferes with the effects of the antiestrogen ICI 182,780 in MCF-7 breast cancer cells.Clin. Cancer Res., in press, 2004.

Garofalo, C., Koda, M., Sulkowski, S., Surmacz, E. Expression of leptin and leptin receptors in primary and metastatic breast cancer. In preparation.

Abstracts:

Garofalo, C., Sisci, D., Morelli, C., Surmacz, E., Leptin (obesity protein) interferes with the action of antiestrogen ICI 182,780 in MCF-7 breast cancer cells. IV International Symposium on Nutrition and Cancer. Washington DC, July 16-18, 2004

Garofalo, C., Sisci, D., Morelli, C., Surmacz, E. Leptin (obesity protein) interferes with the action of antiestrogen ICI 182,780 in MCF-7 breast cancer cells. IV International Symposium on Hormonal Carcinogenesis, Valencia, Spain, July 22-25, 2003.

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Conclusions

Leptin (obesity protein) may play a role in breast cancer development by stimulating the growth of breast cancer cells. In addition, leptin seems to counteract the action of antiestrogens, thus it may be involved in the development of antiestrogen resistance. Further studies are planned to probe the molecular mechanism of this effect and the relevance of these findings in clinical setting.

References

- 1. Stephenson GD, Rose DP. Breast cancer and obesity: an update. Nutr Cancer. 2003; 45: 1-16.
- 2. Rose DP, Gilhooly EM, Nixon DW. Adverse effects of obesity on breast cancer prognosis, and the biological actions of leptin (review). Int J Oncol. 2002; 21: 1285-92.
- 3. Cleary MP, Maihle NJ. The role of body mass index in the relative risk of developing premenopausal versus postmenopausal breast cancer. Proc Soc Exp Biol Med. 1997; 216: 28-43.
- 4. Chlebowski RT, Aiello E, McTiernan A. Weight loss in breast cancer patient management. J Clin Oncol. 2002; 20: 1128-43.
- 5. Bastarrachea J, Hortobagyi GN, Smith TL, Kau SW, Buzdar AU. Obesity as an adverse prognostic factor for patients receiving adjuvant chemotherapy for breast cancer. Ann Intern Med. 1994; 120: 18-25.
- 6. Klurfeld DM, Lloyd LM, Welch CB, Davis MJ, Tulp OL, Kritchevsky D. Reduction of enhanced mammary carcinogenesis in LA/N-cp (corpulent) rats by energy restriction. Proc Soc Exp Biol Med. 1991; 196: 381-4.
- 7. Waxler SH. Obesity and cancer susceptibility in mice. Am J Clin Nutr. 1960; 8: 760-6.
- 8. Wolff GL, Kodell RL, Cameron AM, Medina D. Accelerated appearance of chemically induced mammary carcinomas in obese yellow (Avy/A) (BALB/c X VY) F1 hybrid mice. J Toxicol Environ Health. 1982; 10: 131-42.
- 9. Heston WE, Vlahakis G. Genetic obesity and neoplasia. J Natl Cancer Inst. 1962; 29: 197-209.
- 10. Wauters M, Considine RV, Van Gaal LF. Human leptin: from an adipocyte hormone to an endocrine mediator. Eur J Endocrinol. 2000; 143: 293-311.
- Neville MC, McFadden TB, Forsyth I. Hormonal regulation of mammary differentiation and milk secretion. J Mammary Gland Biol Neoplasia. 2002; 7: 49-66.
 - 12. Bonnet M, Delavaud C, Laud K, Gourdou I, Leroux C, Djiane J, et al. Mammary leptin synthesis, milk leptin and their putative physiological roles. Reprod Nutr Dev. 2002; 42: 399-413.
 - 13. Brann DW, Wade MF, Dhandapani KM, Mahesh VB, Buchanan CD. Leptin and reproduction. Steroids. 2002; 67: 95-104.
 - 14. Goumenou AG, Matalliotakis IM, Koumantakis GE, Panidis DK. The role of leptin in fertility. Eur J Obstet Gynecol Reprod Biol. 2003; 106: 118-24.
 - 15. Sierra-Honigmann MR, Nat AK, Murakami C, Garcia-Cardena G, Papapetropoulos A, Sessa WC, et al. Biological action of leptin as an angiogenic factor. Science. 1998; 281:1683-6.

- 16. Attoub S, Noe V, Pirola L, Bruyneel E, Chastre E, Mareel M, et al. Leptin promotes invasiveness of kidney and colonic epithelial cells via phosphoinositide 3-kinase-, rho-, and rac-dependent signaling pathways. FASEB J. 2000; 14: 2329-33.
- 17. Tsuchiya T, Shimizu H, Horie T, Mori M. Expression of leptin receptor in lung: leptin as a growth factor. Eur J Pharmacol. 1999; 365: 273-9.
- 18. Hu X, Juneja SC, Maihle NJ, Cleary MP. Leptin-a growth factor in normal and malignant breast cells and for normal mammary gland development. J Natl Cancer Inst. 2002; 94:1704-11.
- 19. Dieudonne MN, Machinal-Quelin F, Serazin-Leroy V, Leneveu MC, Pecquery R, Giudicelli Y. Leptin mediates a proliferative response in human MCF7 breast cancer cells. Biochem Biophys Res Commun. 2002; 293: 622-8.
- 20. Laud K, Gourdou I, Pessemesse L, Peyrat JP, Djiane J. Identification of leptin receptors in human breast cancer: functional activity in the T47-D breast cancer cell line. Mol. Cell. Endocrinol. 2002; 188:219-26.
- 21. Baratta M, Grolli S, Tamanini C. Effect of leptin in proliferating and differentiated HC11 mouse mammary cells. Regul Pept. 2003; 113:101-7.
- 22. Okumura M, Yamamoto M, Sakuma H, Kojima T, Maruyama T, Jamali M, et al. Leptin and high glucose stimulate cell proliferation in MCF-7 human breast cancer cells: reciprocal involvement of PKC-alpha and PPAR expression. Biochim Biophys Acta. 2002; 1592:107-16.
- 23. Tartaglia LA. The leptin receptor. J Biol Chem. 1997; 272: 6093-6.
- 24. Barr VA, Lane K, Taylor SI. Subcellular localization and internalization of the four human leptin receptor isoforms. J Biol Chem. 1999; 274: 21416-24.
- 25. Sweeney G. Leptin signalling. Cell Signal. 2002; 14: 655-63.
- 26. Zabeau L, Lavens D, Peelman F, Eyckerman S, Vandekerckhove J, Tavernier J. The ins and outs of leptin receptor activation. FEBS Lett. 2003; 546: 45-50.
- 27. Bjorbaek C, Uotani S, da Silva B, Flier JS. Divergent signaling capacities of the long and short isoforms of the leptin receptor. J Biol Chem. 1997; 272: 32686-95.
- 28. Bjorbaek C, Buchholz RM, Davis SM, Bates SH, Pierroz DD, Gu H, et al. Divergent roles of SHP-2 in ERK activation by leptin receptors. J Biol Chem. 2001; 276: 4747-55.
- 29. Smith-Kirwin SM, O'Connor DM, De Johnston J, Lancey ED, Hassink SG, Funanage VL. Leptin expression in human mammary epithelial cells and breast milk. J Clin Endocrinol Metab. 1998; 83: 1810-3.
- 30. Cleary MP, Phillips FC, Getzin SC, Jacobson TL, Jacobson MK, Christensen TA, et al. Genetically obese MMTV-TGF-alpha/Lep(ob)Lep(ob) female mice do not develop mammary tumors. Breast Cancer Res Treat. 2003; 77: 205-15.
- 31. O'brien SN, Welter BH, Price TM. Presence of leptin in breast cell lines and breast tumors. Biochem Biophys Res Commun. 1999; 259: 695-8.
- 32. Tessitore L, Vizio B, Jenkins O, De Stefano I, Ritossa C, Argiles JM, et al. Leptin expression in colorectal and breast cancer patients. Int J Mol Med. 2000; 5: 421-6.
- 33. Petridou E, Papadiamantis Y, Markopoulos C, Spanos E, Dessypris N, Trichopoulos D. Leptin and insulin growth factor I in relation to breast cancer (Greece). Cancer Causes Control. 2000; 11: 383-8.

- 34. Mantzoros CS, Bolhke K, Moschos S, Cramer DW. Leptin in relation to carcinoma in situ of the breast: a study of pre-menopausal cases and controls. Int J Cancer. 1999; 80: 523-6.
- 35. Simpson ER. Sources of estrogen and their importance. J Steroid Biochem Mol Biol. 2003; 86: 225-30.
- 36. Magoffin DA, Weitsman SR, Aagarwal SK, Jakimiuk AJ. Leptin regulation of aromatase activity in adipose stromal cells from regularly cycling women. Ginekol Pol. 1999; 70: 1-7.
- 37. Kitawaki J, Kusuki I, Koshiba H, Tsukamoto K, Honjo H. Leptin directly stimulates aromatase activity in human luteinized granulose cells. Mol Hum Reprod. 1999; 5: 708-13.
- 38. Catalano S, Marsico S, Giordano C, Mauro L, Rizza P, Panno ML, et al. Leptin enhances, via AP-1, expression of aromatase in the MCF-7 cell line. J Biol Chem. 2003: 278: 28668-76.
- 39. Spicer LJ, Francisco CC. The adipose obese gene product, leptin: evidence of a direct inhibitory role in ovarian function. Endocrinology. 1997; 138: 3374-9.
- 40. Ghizzoni L, Barreca A, Mastorakos G, Furlini M, Vottero A, Ferrari B, et al. Leptin inhibits steroid biosynthesis by human granulosa-lutein cells. Horm Metab Res. 2001; 33: 323-8.
- 41. Machinal-Quelin F, Dieudonne MN, Pecquery R, Leneveu MC, Giudicelli Y. Direct in vitro effects of androgens and estrogens on ob gene expression and leptin secretion in human adipose tissue. Endocrine. 2002; 18: 179-84.
- 42. Bennett PA, Lindell K, Karlsson C, Robinson IC, Carlsson LM, Carlsson B. Differential expression and regulation of leptin receptor isoforms in the rat brain: effects of fasting and oestrogen. Neuroendocrinology. 1998; 67: 29-36.
- 43. Lindell K, Bennett PA, Itoh Y, Robinson IC, Carlsson LM, Carlsson B. Leptin receptor 5'untranslated regions in the rat: relative abundance, genomic organization and relation to putative response elements. Mol Cell Endocrinol. 2001; 172: 37-45.
- 44. Bundred N, Howell A. Fulvestrant (Faslodex): current status in the therapy of breast cancer. Expert Rev Anticancer Ther. 2002; 2: 151-60.
- 45. Howell A, Osborne CK, Morris C, Wakeling AE. ICI 182,780 (Faslodex): development of a novel, "pure" antiestrogen. Cancer. 2000; 89: 817-25.
- 46. Marsaud V, Gougelet A, Maillard S, Renoir JM. Various phosphorylation pathways, depending on agonist and antagonist binding to endogenous estrogen receptor alpha (ERalpha), differentially affect ERalpha extractability, proteasome-mediated stability, and transcriptional activity in human breast cancer cells. Mol Endocrinol. 2003; 17: 2013-27.
- 47. Fan M, Bigsby RM, Nephew KP. The NEDD8 pathway is required for proteasome-mediated degradation of human estrogen receptor (ER)-alpha and essential for the antiproliferative activity of ICI 182,780 in ERalpha-positive breast cancer cells. Mol Endocrinol. 2003; 17: 356-65.
- 48. Salerno M., Sisci D, Mauro L, Guvakova M, Ando S, Surmacz E. Insulin receptor substrate 1 (IRS-1) is a target of a pure antiestrogen ICI 182,780 in breast cancer cells. Int J Cancer. 1999; 81: 299-304.

- 49. Fuchs SY. The role of ubiquitin-proteasome pathway in oncogenic signaling. Cancer Biol Ther. 2002; 1: 337-41.
- 50. Dauvois S, Danielian PS, White R, Parker MG. Antiestrogen ICI 164,384 reduces cellular estrogen receptor content by increasing its turnover. Proc Natl Acad Sci U S A. 1992; 89:4037-41.

Leptin Interferes with the Effects of the Antiestrogen ICI 182,780 in **MCF-7 Breast Cancer Cells**

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ABSTRACT

Purpose: Obesity is a risk factor for breast cancer development in postmenopausal women and correlates with shorter disease-free and overall survival in breast cancer patients, regardless of menopausal status. Adipose tissue is a major source of leptin, a cytokine regulating energy balance and controlling different processes in peripheral tissues, including breast cancer cell growth. Here, we investigated whether leptin can counteract antitumorigenic activities of the antiestrogen ICI 182,780 in breast cancer cells.

Experimental Design: Mitogenic response to leptin and the effects of leptin on ICI 182,780-dependent growth inhibition were studied in MCF-7 estrogen receptor α-positive breast cancer cells. The expression of leptin receptor and the activation of signaling pathways were studied by Western immunoblotting. The interference of leptin with ICI 182,780-induced estrogen receptor α degradation was probed by Western immunoblotting, fluorescence microscopy, and pulse-chase experiments. Leptin effects on estrogen receptor lpha–dependent transcription in the presence and absence of ICI 182,780 were studied by luciferase reporter assays and chromatin immunoprecipitation.

Results: MCF-7 cells were found to express the leptin receptor and respond to leptin with cell growth and activation the signal transducers and activators of transcription 3, extracellular signal-regulated kinase-1/2, and Akt/GSK3/ pRb pathways. The exposure of cells to 10 nmol/L ICI 182,780 blocked cell proliferation, induced rapid estrogen receptor α degradation, inhibited nuclear estrogen receptor α expression, and reduced estrogen receptor α -dependent transcription from estrogen response element-containing promoters. All of these effects of ICI 182,780 were significantly attenuated by simultaneous treatment of cells with 100 ng/mL leptin.

Conclusions: Leptin interferes with the effects of ICI 182,780 on estrogen receptor α in breast cancer cells. Thus, high leptin levels in obese breast cancer patients might contribute to the development of antiestrogen resistance.

INTRODUCTION

Numerous epidemiologic studies documented that obesity is a risk factor for postmenopausal breast cancer (1-4). Furthermore, increased body weight and body mass index have been associated with shorter disease-free and overall survival in breast cancer patients, regardless of age and menopausal status (4). Some studies also suggested that obesity can reduce the efficacy of anti-breast cancer chemotherapy (5). In animal models, high adiposity has been linked with increased incidence of spontaneous and chemically induced mammary tumors (6-9).

Human obesity is associated with increased levels of leptin, a M, 16,000 circulating hormone controlling food intake and AQ: A Q.K. energy balance by providing signals to the hypothalamus (10). In addition to its central nervous system activities, leptin regulates multiple processes in peripheral tissues, including hematopoiesis, immune responses, puberty, pregnancy, and lactation (10-14). In cellular models, leptin has been shown to activate proliferation, angiogenesis, motility, and invasion (10, 15-22). The major source of leptin is adipose tissue; however, leptin can be produced by other organs, including the mammary gland (10-12).

The activities of leptin are mediated through the transmembrane leptin receptor (ObR; ref. 23). In human tissues, at least four isoforms of ObR with different COOH-terminal cytoplasmic domains have been described previously (24). The full (long) form of ObR (ObR₁) is 1165 amino acids long (M_r ~150,000-190,000) and contains extracellular, transmembrane, and intracellular domains. The extracellular domain binds ligand, whereas intracellular tail recruits and activates signaling substrates. Only ObR₁ has a full signaling potential, whereas the shorter ObR isoforms have diminished or abolished signaling capability (25-28). The signaling pathways known to be activated by ObR₁ include the classic cytokine JAK2/signal transducers and activators of transcription 3 (STAT3) pathway; the Ras/extracellular signal-regulated kinase (ERK) signaling cascade; the kinases phosphatidylinositol 3'-kinase, Akt, p38, and protein kinase C; nitric oxide; and phospholipase Cy (25-27). Ultimately, induction of ObR₁ can activate the expression of several genes involved in cell proliferation, including c-fos, c-jun, junB, egr-1, and socs3 (25, 26).

Although leptin is necessary for normal mammary gland development in rodents and humans (11, 12, 18, 29), recent studies suggested that the hormone might be involved in mammary carcinogenesis (18-22, 30, 31). Notably, leptin (31) and ObR (20) have been detected in human breast cancer specimens.

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Leptin Interferes with Antiestrogen ICI 182,780

In breast cancer cell lines T47D and MCF-7, leptin has been shown to stimulate DNA synthesis and cell growth acting through the STAT3 and ERK1/2 signaling pathways (18-20, 22). Leptin has also been shown to induce transformation (anchorage-independent growth) of cancer but not normal breast epithelial cells (18). Finally, leptin-deficient mice have decreased incidence of spontaneous and oncogene-induced mammary tumors (30).

The possible impact of leptin produced in mammary tissue on breast cancer development is yet unknown. The role of circulating leptin remains unclear, with clinical studies reporting positive (32), negative (33), or no association (34) of serum leptin levels with breast cancer.

In addition to leptin, adipose tissue is a source of estrogens produced, via aromatase conversion, from androstenedione in postmenopausal women (35). Recent studies suggest that leptin and estrogen systems are involved in functional cross-talk. For instance, leptin has been shown to modulate, either positively (36-38) or negatively (39, 40), aromatase activity. Reciprocally, 17-β-estradiol (E2) has been found to up-regulate leptin mRNA and protein synthesis in adipocytes (41). E2 can also modulate ObR expression (42), possibly through the putative estrogenresponsive element in the ObR gene promoter (43).

In this study, we explored a new aspect of leptin/estrogen cross-talk. Specifically, we asked whether leptin can interfere with antitumorigenic effects of the antiestrogen ICI 182,780. ICI 182,780 [Faslodex (fulvestrant); AstraZeneca], which induces estrogen receptor a degradation through ubiquitin-mediated mechanism (44-47), is currently used for treatment of hormone receptor-positive metastatic breast cancer in post-menopausal women with disease progression following other hormonal therapy (44).

MATERIALS AND METHODS

Cell Lines and Cell Culture. MCF-7, T47D, MDA-MB-231, and MDA-MB-435 cells were obtained from American Type Culture Collection (Manassas, VA). The cells were grown in Dulbecco's modified Eagle's medium: Ham's F-12 containing 5% calf serum. In the experiments requiring E2- and serum-free conditions, the cells were cultured in phenol red-free serum-free medium (48, 49).

Cell Growth. MCF-7 cells were plated in 35-mm plates at a concentration of 1.5 to 2.0×105 cells/plate in Dulbecco's modified Eagle's medium: Ham's F-12 (1:1) containing 5% calf serum. The following day (day 0), the cells at approximately 70% confluence were shifted to serum-free medium and treated with 10 nmol/L E2 (Sigma. St. Louis, MO), 10 nmol/L ICI 182,780 (Tocris Cookson), 100 ng/mL leptin (R&D Systems), or 10 nmol/L ICI 182,780 + 100 ng/mL leptin, singly or in combination. Cell number was determined by direct cell counting at days 0, 1, and 3. The number of cells at day 0 was taken as 100%, and the relative values at days 1 and 3 were calculated for each treatment.

Fluorescence Microscopy. Fifty percent confluent MCF-7 cells grown on coverslips were fixed in 3% paraformaldehyde, permeabilized with 0.2% Triton X-100, washed three times with PBS, and incubated for 1 hour with 2 µg/mL estrogen receptor α Ab H-184 (Santa Cruz Biotechnology, Santa Cruz, CA). Next, the cells were washed three times with PBS, and incubated with the rhodamine-conjugated goat antirabbit immunoglobulin G (Calbiochem) used as a secondary Ab. After this step, the slides were covered with Vectashield containing 4',6-diamidino-2phenylindole (Vector Laboratories, Burlingame, CA) to allow visualization of cellular nuclei. Nuclear abundance of estrogen receptor a under different conditions was assessed using Zeiss Axiovert zoom microscope with magnification ×100.

Immunoprecipitation and Western Blotting. The expression of ObR, activation of leptin signaling pathways, and the abundance of estrogen receptor α were assessed by Western blotting or immunoprecipitation followed by Western blotting using total protein lysates or fractionated proteins, where appropriate. Total cell proteins were obtained using RIPA buffer containing 1% Nonidet P40, 0.5% sodium deoxycholate, and 0.1% SDS in PBS. Cytoplasmic proteins were obtained using the lysis buffer containing 50 mmol/L HEPES (pH 7.5), 150 mmol/L NaCl, 1% Triton X-100, 1.5 mmol/L MgCl₂, EGTA, 10 mmol/L (pH 7.5), glycerol 10%, and inhibitors (0.1 mmol/L Na₃VO₄, 1% phenylmethylsulfonyl fluoride, and 20 mg/mL aprotinin). After the collection of cytoplasmic proteins, the nuclei were lysed with the nuclear buffer containing 20 mmol/L HEPES (pH 8), 0.1 mmol/L EDTA, 5 mmol/L MgCl₂, 0.5 mol/L NaCl, 20% glycerol, 1% Nonidet P40, and inhibitors (as above). For Western blotting, 50 mg of protein lysates were separated on a 4 to 15% polyacrylamide denaturing gel (PAGE), and proteins of interest were detected with specific antibodies (Abs) and visualized by ECL chemiluminescence (Amersham Biosciences). The intensity of bands representing relevant proteins was measured by Scion Image laser densitometry scanning Piscataway program.

For immunoprecipitations, 500 µg of protein lysates were incubated with primary Abs at 4°C or 18 hours in HNTG buffer [20 mmol/L HEPES (pH 7.5), 150 mmol/L NaCl, 0.1% Triton X-100, 10% glycerol, and 0.1 mmol/L Na₃VO₄], and then the antigen/Ab complexes were precipitated with Protein A agarose (Calbiochem) for pAbs or Protein G for mAbs (Calbiochem) at for 2 hours in HNTG buffer. In control samples, primary immunoprecipitating Abs were replaced with normal rabbit immunoglobulin G (Santa Cruz Biotechnology). The immunoprecipitated proteins were washed three times with HNTG buffer, separated on PAGE, and processed by Western blotting.

Antibodies for Western Blotting and Immunoprecipitation. ObR expression was studied by Western blotting with the anti-ObR H300 pAb (Santa Cruz Biotechnology). Estrogen receptor α was assessed by Western blotting with the antiestrogen receptor a F-10 mAb (Santa Cruz Biotechnology). Ubiquitination of estrogen receptor α was assessed by immunoprecipitation/Western blotting in 500 µg of total proteins. In this assay, estrogen receptor α was immunoprecipitated with the anti-estrogen receptor a F10 mAb, and ubiquitination was detected by Western blotting with the anti-ubiquitin P4D1 mAb (Santa Cruz Biotechnology). The expression of STAT3 was probed in 500 µg of total proteins by immunoprecipitation and Western blotting with the anti-STAT 3 pAb (Santa Cruz Biotechnology). The activation of STAT 3 was measured in STAT3 immunoprecipitations with the anti-STAT3 Ser727 pAb (UBI, bevery Lake Placid, NY) and the anti-STAT Tyr705 pAb (Cell Signaling). The following Abs were used to study other elements of

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leptin signaling by Western blotting: anti-phospho-ERK1/2 Thr²⁰²/Tyr²⁰⁴ mAb (Cell Signaling); anti-p44/42 MAP kinase pAb (Cell Signaling); anti-phospho-Akt Ser⁴⁷³ pAb (Cell Signaling); anti-Akt pAb (Cell Signaling); anti-phospho-GSK3β pAb (Cell Signaling); and anti-phospho-pRB pAb (Cell Signaling). The expression of glyceraldehyde-3-phosphate dehydrogenase (GAPDH) and nucleolin was assessed by Western blotting as controls of loading and purity of lysates with the anti-GAPDH mAb (Research Diagnostics Inc.) and the antinucleolin C23 mAb (Santa Cruz Biotechnology), respectively. The expression of \(\beta\)-catenin was probed with the anti-\(\beta\)-catenin mAb (BD Transduction Laboratories). All Abs were used at concentrations recommended by the manufacturers.

Estrogen Response Element Reporter Assays. cells were grown in 24-well plates. At 70% confluence, the cultures were transfected for 6 hours with 0.5 µg DNA/well using Fugene 6 (DNA:Fugene 3:1; Roche, Gipf-Oberfrick, Switzerland). All transfection mixtures contained 0.5 µg of the reporter plasmid, estrogen response element-Luc, encoding the firefly luciferase (Luc) cDNA under the control of the TK promoter and three estrogen response element sequences. In addition, to test transfection efficiency, each DNA mixture contained 50 ng of pRL-TKLuc, a plasmid encoding renilla luciferase (RI Luc; Promega, Madison, WI). Upon transfection, the cells were shifted to serum-free medium for 16 hours and then treated with 10 nmol/L E₂, 10 nmol/L ICI 182,780, 100 ng/mL leptin, and ICI 182,780 + leptin for 24 hours. Untreated cells in serum-free medium served as controls. Luciferase activity (Luc and RI Luc) in cell lysates was measured using Dual Luciferase Assay System (Promega) following the manufacturer's instructions. The values obtained for Luc were normalized to that of RI Luc to generate relative Luc units.

Chromatin Immunoprecipitation. We followed the chromatin immunoprecipitation methodology described by Shang et al. (50) with minor modifications. MCF-7 were grown in 100-mm plates. Ninety percent confluent cultures were shifted to serum-free medium for 24 hours and then treated for 4 hours with 10 nmol/L E_2 , 10 nmol/L ICI 182,780, 100 ng/mL leptin, 10 nmol/L E_2 + 10 nmol/L ICI 182,780, or 100 ng/mL leptin + 10 nmol/L ICI 182,780, or left untreated in serum-free medium. After treatment, the cells were washed twice with PBS and cross-linked with 1% formaldehyde at 37°C for 10 minutes. Next, the cells were washed twice with PBS at 4°C, collected, and resuspended in 200 mL of lysis buffer [1% SDS, 10 mmol/L Pitts ourgh, EDTA, and 50 mmol/L Tris-Cl (pH 8.1)] and left on ice for 10 minutes. Then, the cells were sonicated four times for 10 seconds at 40% maximal power (Fisher Sonic Dismembrator), and insoluble material was collected by centrifugation at 4°C for 10 minutes at 14,000 rpm. Supernatants were diluted in 1.3 mL of IP buffer [0.01% SDS, 1.1% Triton X-100, 1.2 mmol/L EDTA, 16.7 mmol/L Tris-Cl (pH 8.1), and 16.7 mmol/L NaCl] and precleared with 80 mL of sonicated salmon sperm DNA/protein A agarose (UBI) for 1 hour at 4°C. The precleared chromatin was immunoprecipitated with either the anti-estrogen receptor α mAb F-10 (Santa Cruz Biotechnology) or the anti-polymerase II CTD4H8 mAb (UBI) for 12 hours. After that, 60 mL of salmon sperm DNA/protein A agarose were added, and precipitation continued for 4 hours at 4°C. After pelleting, the precipitates were washed sequentially for 5 minutes with the following buffers: wash A [0.1% SDS, 1% Trition X-100, 2 mmol/L EDTA, 20 mmol/L Tris-Cl (pH 8.1), and 150 mmol/L NaCl], wash B [0.1% SDS, 1% Trition X-100, 2 mmol/L EDTA, 20 mmol/L Tris-Cl (pH 8.1), and 500 mmol/L NaCl], and wash C [0.25 mol/L LiCl, 1% Nonidet P40, 1% sodium deoxycholate, 1 mmol/L EDTA, and 10 mmol/L Tris-Cl (pH 8.1)]. The precipitates were then washed twice with 10 mmol/L Tris and 1 mmol/L EDTA. The immune complexes were eluted with the buffer containing 1% SDS and 0.1 mol/L NaHCO3. The eluates were reverse cross-linked by heating at 65°C for 12 hours and digested with 0.5 mg/mL proteinase K at 45°C for 1 hour. DNA was obtained by phenol and phenol/chloroform extractions. Two mL of 10 mg/mL yeast tRNA were added to each sample, and DNA was precipitated with ethanol for 12 hours at 4°C and resuspended in 20 mL of 10 mmol/L Tris and 1 mmol/L EDTA. Four mL of each sample were used for PCR with pS2 promoter sequences containing estrogen response element: upstream, 5'-TGG CCA GGC TAG TCT CAA AC-3'; and downstream, 5'-CTT AAT CCA GGT CCT ACT CAT A-3'. The PCR conditions were: 30 seconds at 94°C, 50 seconds at 60°C, and 2 minutes at 72°C. The amplification products obtained in 35 cycles were analyzed in a 2% agarose gel and visualized by ethidium bromide staining. The intensity of bands was measured by laser scanning.

Pulse-Chase Labeling. Seventy percent of cultures were shifted to methionine- and cysteine-free Dulbecco's modified Eagle's medium (Life Technologies) for 16 hours and then metabolically labeled with 100 mCi/mL 35S (Express protein Gaithers = labeling mix; Perkin-Elmer, Fremont, CA) for 1 hour. After that, the labeling medium was replaced with serum-free medium containing 10 nmol/L ICI 182,780 or 10 nmol/L ICI 182,780 + 100 ng/mL leptin, and the cultures were grown for 1, 2, 4, 6, and 8 hours. Untreated cells in serum-free medium served as controls. At specific time points, the cells were lysed in RIPA buffer, and 500 mg of proteins were precipitated with the anti-estrogen receptor α F10 mAb. The estrogen receptor α immunoprecipitations were separated by SDS-PAGE, and labeled estrogen receptor α was identified by autoradiography.

Statistical Analysis. Data were analyzed with Student's t test, where appropriate. Means \pm SE are shown.

RESULTS

ObR, Is Expressed in Estrogen Receptor α-Positive Breast Cancer Cell Lines. To study possible effects of leptin on ICI 182,780 action, we first assessed the expression of ObR₁, a signaling form of ObR, in different breast cancer cell lines. Several ObR isoforms ($M_r \sim 190,000-150,000$) were detected in estrogen receptor α-positive and estrogen receptor α-negative breast cancer cells by Western blotting (Fig. 1). Notably, the greatest expression of ObR₁ M_r 190,000 was found in estrogen receptor α-positive cell lines, MCF-7 and T47D. The shorter isoforms of ObR were abundant in estrogen receptor α-negative cells (Fig. 1). For additional experiments, we selected MCF-7 cells because they are E2- and ICI 182,780-responsive and express high levels of ObR₁

Leptin Induces Multiple Signaling Pathways in MCF-7 Cells. We examined leptin effects on the activation of different ObR₁ signaling pathways in MCF-7 cells. In addition to

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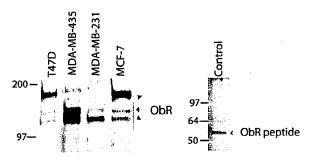


Fig. 1 ObR is expressed in breast cancer cell lines. Left panel. The expression of ObR was determined by Western blotting in 50 μg of cytoplasmic protein lysates obtained from proliferating estrogen receptor α-positive (MCF-7 and T47D) and estrogen receptor α-negative (MDA-MB-231 and MDA-MB-435) cells. The ObR Ab used for Western blotting recognizes a common domain in ObR, revealing several isoforms of ObR (M_r 150,000–190,000) indicated by arrows. The M_r 190,000 isoform represents ObR₁, which is highly expressed in MCF-7 and T47D cells. Right panel. The specificity of the ObR Ab was tested using 250 ng of a M_r 60,000 ObR-tagged fusion protein (amino acids 541–840 of human ObR) provided as a positive control by the manufacturer of ObR Abs (Santa Cruz Biotechnology). The molecular weight markers are indicated on the left of both panels.

ObR₁ pathways known to be induced in breast cancer cells, i.e., STAT3 and ERK1/2 (18-20), we studied whether leptin can activate Akt/GSK3 antiapoptotic signaling and whether it can phosphorylate (and thereby block) a key cell cycle inhibitor, pRb.

The stimulation of ObR, by leptin was assessed at different time points, from 5 minutes to 24 hours. We used leptin at a concentration of 100 ng/mL, which in our preliminary doseresponse experiments proved to exert maximal mitogenic effects (data not shown). The stimulation of MCF-7 cells with leptin induced multiple signaling elements, including STAT3, ERK1/2, Akt, and GSK3β (Fig. 2). The phosphorylation of STAT3 on Tyr⁷⁰⁵ and on Ser⁷²⁷, reflecting STAT3 activation, was maximal at 5 minutes of leptin treatment and then declined to basal levels (Fig. 2A). The stimulation of ERK1/2 become detectable at 15 minutes, was maximal at 1 hour, and persisted up to 24 hours. The activation of Akt appeared at 15 minutes, was maximal at 1 hour, and was reduced to basal levels at 4 hours. GSK3β, a downstream effector of Akt and other kinases was induced at 5 minutes, reached the maximal activation at 1 hour, and then declined to basal levels at 24 hours (Fig. 2B). These leptin effects coincided with the phosphorylation of pRb on Ser⁷⁹⁵ (maximum at 1-4 hours; Fig. 2B).

Leptin Stimulates the Proliferation of MCF-7 Cells and Interferes with ICI 182,780-Dependent Growth Inhibition. The mitogenic effects of leptin at doses 1 to 1000 ng/mL were studied in MCF-7 cells at 1 and 3 days of treatment. Confirming the results of other investigators (18, 20), we found that the highest proliferation rates were induced with 100 ng/mL leptin, whereas lower leptin concentrations (1 and 10 ng/mL) were less mitogenic (data not shown). Increasing the dose over 100 ng/mL did not improve growth response (data not shown).

At days 1 and 3, 100 ng/mL leptin increased cell growth over that seen in serum-free medium by 20 and 38%, respectively (Fig. 3). Leptin did not affect cell proliferation in the

presence of E_2 at any time point. However, leptin consistently counteracted cytostatic effects of ICI 182,780. Specifically, at day 1 and 3, the addition of leptin to ICI 182,780-treated cells increased proliferation by ~ 30 and $\sim 45\%$, respectively (Fig. 3). In these studies, ICI 182,780 was used at a concentration of 10 nmol/L, which is cytostatic but not cytotoxic for MCF-7 cells, as demonstrated by us previously (48).

Effects of Leptin on the Nuclear Abundance of Estrogen Receptor α in ICI 182,780-Treated MCF-7 Cells. To study the mechanism of leptin interference with ICI 182,780, we assessed the abundance of cytoplasmic and nuclear estrogen receptor α in MCF-7 cells treated with E_2 , E_2 + ICI 182,780,

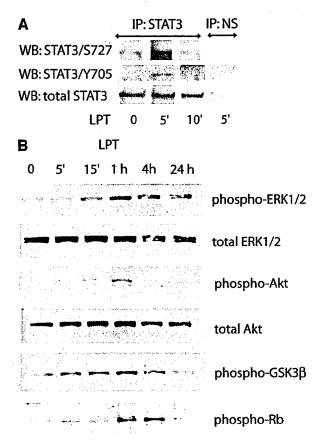


Fig. 2 Leptin activates multiple signaling pathways in MCF-7 cells. A, activation of STAT3. MCF-7 cells were synchronized in serum-free medium for 16 hours and then stimulated with 100 ng/mL leptin (LPT) for 5 and 10 minutes or left untreated in serum-free medium. STAT3 was immunoprecipitated (IP) with the anti-STAT3 pAb (Santa Cruz Biotechnology) from 500 µg of total protein lysates, and the activation of STAT3 was visualized with the STAT3 Ser727 pAb (STAT3/S727; UBI) and then after stripping of the membrane with the anti-STAT3^{Tyr705} pAb (STAT3/Y705; Cell Signaling). In control experiments, the proteins were precipitated with control rabbit immunoglobulin G and processed for Western blotting (WB), as described above. B, activation of ERK1/2, Akt, GSK3, and Rb. MCF-7 cells were synchronized in serum-free medium for 16 hours and then stimulated with 100 ng/mL leptin (LPT) for 5 minutes to 24 hours or left untreated in serum-free medium. The activation (phospho) and levels of ERK1/2, Akt, GSK3 β , and pRb were assessed by Western blotting in 50 μg of proteins using specific Abs.

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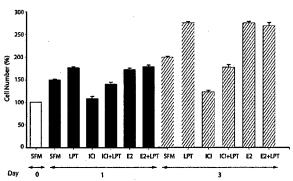


Fig. 3 Leptin stimulates the growth of MCF-7 cells and counteracts the effects of ICI 182,780. Seventy percent confluent MCF-7 cells were synchronized in serum-free medium for 16 hours and treated with 100 ng/mL leptin (LPT), 10 nmol/L ICI 182,780 (ICI), leptin + ICI 182,780 (LPT+ICI), 10 nmol/L E2, or E2 + ICI 182,780 (E2+ICI) for 1 and 3 days or were left untreated (SFM). Cell number was determined by direct cell counting. Please note that MCF-7 cells grow in serum-free medium due to activation of autocrine pathways, as described by us previously (57, 58). Cell number at day 0 in serum-free medium was taken as 100%. The experiments were performed at least four times. The bars demonstrate relative cell number (\pm SEM) at different time points. The differences between serum-free medium and leptin values and between leptin and ICI 182,780 + leptin values were statistically significant at days 1 and 3 (P < 0.05).

ICI 182,780, ICI 182,780 + leptin, and leptin alone (Fig. 4). As expected, E_2 significantly (by ~50%) decreased the cytoplasmic expression of estrogen receptor α and increased (by ~150%) its nuclear levels, relative to estrogen receptor α under serum-free medium conditions. Also predictably, ICI 182,780 treatment induced the degradation of estrogen receptor α , resulting in reduced estrogen receptor α abundance in the cytoplasm and nucleus (~85 and 70%, respectively). These effects of ICI 182,780 were partially reversed in the presence of E_2 (Fig. 4). The addition of leptin to ICI 182,780-treated cells significantly improved nuclear estrogen receptor α expression but had only minimal effects on the cytoplasmic estrogen receptor α levels. Leptin alone had no significant effects on estrogen receptor α expression in the cytoplasmic and nuclear compartments (Fig. 4).

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The above observations were confirmed by fluorescence microscopy of estrogen receptor α in MCF-7 cells treated with ICI 182,780 in the presence or absence of leptin. estrogen receptor α accumulated in the nucleus upon E_2 stimulation, whereas a 24-hour treatment with ICI 182,780 dramatically reduced nuclear estrogen receptor α expression. The effect of ICI 182,780 was prevented by the addition of leptin (Fig. 4B).

Leptin Increases Estrogen Receptor α Recruitment to the pS2 Promoter in ICI 182,780-Treated MCF-7 Cells. The function of nuclear estrogen receptor α under different conditions was addressed with chromatin immunoprecipitation assay (Fig. 5). We found that the stimulation of MCF-7 cells with E_2 increased (\sim 5-fold) the recruitment of estrogen receptor α to the classical E_2 -responsive estrogen response element-containing pS2 gene promoter. This effect coincided with the greater association of polymerase II to the pS2 regulatory sequences (Fig. 5). In the presence of ICI 182,780, the recruitment of estrogen receptor α to the pS2 promoter was similar to that

seen in untreated cells, and the recruitment of polymerase II was completely blocked. The addition of leptin counteracted the inhibitory action of ICI 182,780, resulting in a greater association of polymerase II (increased by \sim 2-fold) and estrogen receptor α (\sim 3-fold) to the pS2 promoter. Leptin alone did not stimulate the recruitment of either estrogen receptor α or polymerase II to the pS2 promoter (Fig. 5).

Effects of Leptin on Estrogen Receptor a Transcriptional Activity in ICI 182,780-Treated MCF-7 Cells. validated the information obtained with chromatin immunoprecipitation assays using estrogen response element-luciferase reporter system (Fig. 6). In control experiments, E₂ significantly (by ~250%) stimulated estrogen response element-dependent transcription above the basal level, whereas the addition of ICI 182,780 to E₂ abolished this effect (Fig. 6). Leptin alone did not activate estrogen response element transcription above that seen under serum-free medium conditions. Similarly, leptin did not improve E2-dependent estrogen response element activation. In the presence of ICI 182,780, estrogen response element activity decreased ~60% below basal levels. In contrast, in ICI 182,780 + leptin cotreated cells, estrogen response element activity was increased ~50% above the level recorded in untreated cells (Fig. 6).

Leptin Increases Estrogen Receptor α Half-Life and Reduces Estrogen Receptor α Ubiquitination in ICI 182,780-Treated MCF-7 Cells. ICI 182,780 is known to induce rapid degradation of estrogen receptor α in MCF-7 (46, 51). We probed the possibility that leptin treatment competes with ICI 182,780 action and increases estrogen receptor α stability. Using pulse-chase assay, we confirmed previous observations that estrogen receptor α half-life in untreated cells is \sim 4 hours, and in ICI 182,780-treated cells, \sim 1.5 hours (refs. 47 and 51; Fig. 7A). The addition of leptin increased estrogen receptor α half-life to \sim 2.5 hours (Fig. 7A).

Next, we addressed the mechanism by which leptin might decrease estrogen receptor α turnover. Because ICI 182,780-and E₂-dependent degradation of estrogen receptor α occurs through the ubiquitin-proteasome pathway (46, 47), we studied the effects of leptin on estrogen receptor α ubiquitination (Fig. 7B). The ubiquitination of estrogen receptor α was undetectable in untreated cells, whereas it was increased when the cells were treated for 1 hour with ICI 182,780 or E₂. The addition of leptin greatly reduced estrogen receptor α ubiquitination in ICI 182,780-treated cells (Fig. 7B). Leptin alone did not induce estrogen receptor α ubiquitination was still observed when ICI 182,780 was challenged with E₂ (data not shown).

The above treatments had no effects on the expression and ubiquitination of β -catenin, a known target of proteasome (ref. 52; Fig. 7B; data not shown).

DISCUSSION

Obesity is a risk factor for the development of breast cancer in postmenopausal women (1-4) and for tumor recurrence in all breast cancer patients, regardless of age and menopausal status (4). However, molecular mechanisms by which excessive fat accumulation could promote mammary carcinogenesis remain unknown. One possibility is that the process is mediated by

Leptin Interferes with Antiestrogen ICI 182,780

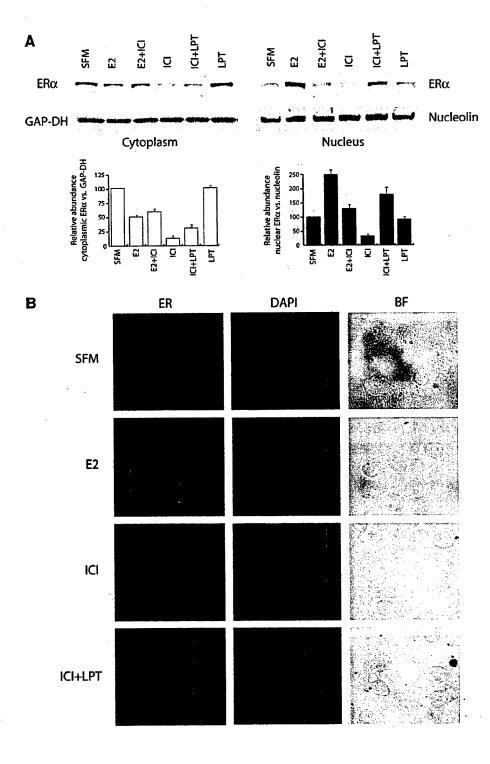


Fig. 4 Leptin increases nuclear abundance of estrogen receptor α (ER α) in ICI 182,780treated MCF-7 cells. A, effects of leptin on subcellular estrogen receptor a expression. MCF-7 cells were treated with 10 nmol/L E2, 10 nmol/L ICI 182,780 (ICI), E₂ + ICI 182,780 (E2+ICI), 100 ng/mL leptin (LPT), or ICI 182,780 + leptin (ICI+LPT) for 24 hours or were left untreated (SFM). The expression of estrogen receptor a was determined by Western blotting in 50 µg of cytoplasmic or nuclear proteins. The expression of GAPDH (cytoplasmic enzyme) and nucleolin (nuclear protein) was assessed as a control of protein loading. The experiments were performed three times. The bars represent mean levels of estrogen receptor a expression (±SEM). The differences between ICI 182,780 and ICI 182,780 + leptin values were statistically significant (P < 0.05). B, fluorescence microscopy. The expression of estrogen receptor α (ER) was assessed by immunostaining and fluorescence microscopy in MCF-7 cells treated for 24 hours with 10 nmol/L E2, 10 nmol/L ICI 182,780 (ICI), or 10 nmol/L ICI 182,780 + 100 ng/mL leptin (ICI+LPT) or left untreated in SFM. 4',6-Diamidino-2-phenylindole (DAPI) staining and bright field (BF) of the same fields is shown to visualize cell nuclei and general morphology. Magnification, ×100.

elevated estrogen levels produced by adipose tissue in postmenopausal women (35, 53). In addition, it has been suggested that the development and progression of breast cancer could be stimulated by mitogenic and transforming activity of leptin (18), the levels of which rise proportionally to body mass index and are generally higher in women than in men (10). Furthermore,

because estrogen receptor α and ObR have been found coexpressed in malignant mammary tissue and breast cancer cell lines (18–20), it is also possible, that both signaling systems are involved in a functional cross-talk contributing to carcinogenesis. However, leptin/ E_2 interactions and their possible role in breast cancer have not been extensively studied. In this work,

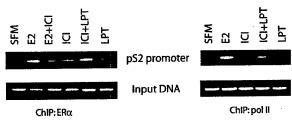


Fig. 5 Leptin increases estrogen receptor α recruitment to pS2 promoter in ICI 182,780-treated MCF-7 cells. The cells were treated for 4 hours with 10 nmol/L E2, 10 nmol/L ICI 182,780 (ICI), 100 ng/mL leptin (LPT), ICI 182,780 + leptin (ICI+LPT), E₂ + ICI 182,780 (E2+ICI) or left untreated (SFM). The cells were then cross-linked with formaldehyde and lysed, and soluble, precleared chromatin was obtained. The soluble chromatin was immunoprecipitated with either the anti-estrogen receptor a F-10 mAb (Santa Cruz Biotechnology; ChIP: ERα) or the anti-polymerase II CTD4H8 mAb (UBI; ChIP:pol II). The estrogen receptor α and polymerase Π immunocomplexes were reverse cross-linked, and DNA was recovered by phenol/chloroform extraction and ethanol precipitation. The pS2 promoter sequences containing estrogen response element were detected by PCR with specific primers, as detailed in Materials and Methods. To control input DNA, pS2 promoter was amplified from 30 µL of initial preparations of soluble chromatin (before immunoprecipitations).

we investigated whether the presence of leptin could compete with antiestrogenic effects produced by ICI 182,780.

First, we provided evidence that estrogen receptor α-positive breast cancer cells MCF-7 and T47D express higher levels of ObRI than estrogen receptor α-negative cell lines MDA-MB-231 and MDA-MB-435. These results confirmed the data of other investigators who demonstrated ObR₁ expression in T47D and MCF-7 cells (18-20) but lack of ObR₁ mRNA in MDA-MB-231 cells (19). As a cellular model of this study, we selected estrogen receptor α-positive and ICI 182,780-sensitive MCF-7 breast cancer cells. We demonstrated that MCF-7 cells respond to leptin stimulation with the activation of several signaling intermediates, including the STAT3, ERK1/2, and Akt pathways (Figs. 1 and 2). In MCF-7 cells, leptin was also able to inactivate the cell cycle inhibitor pRb and stimulate cell growth (Fig. 2). These results extend the observations of Xu et al. (18), Dieudonne et al. (19), Laud et al. (20), and Okamura et al. (22), who described leptin-dependent proliferation and leptin-induced STAT3 and ERK1/2 signaling in different estrogen receptor α-positive breast cancer cell lines. The maximal mitogenic concentrations of leptin used in our and other studies (100 ng/mL) are in the range of serum leptin levels found in obese and morbidly obese (body mass index > 40) individuals (54,

The growth of estrogen receptor α-positive breast cancer cells can be effectively inhibited by ICI 182,780, which induces rapid proteasome-mediated degradation of estrogen receptor α (44-46). We report here, for the first time, that antiestrogenic action of ICI 182,780 can be significantly reduced in the presence of leptin. Specifically, in ICI 182,780-treated MCF-7 cells, leptin increased estrogen receptor α half-life and decreased estrogen receptor α ubiquitination. These effects coincided with elevated nuclear estrogen receptor a expression, increased estrogen receptor a recruitment to the E2-sensitive gene promoter, and increased estrogen response element-dependent transcription. Leptin also counteracted cytostatic effects of ICI 182,780, resulting in increased cell proliferation (Figs. 3-7).

Interestingly, the mechanism by which leptin competes with ICI 182,780 appears to be different from that exerted by E2. For instance, estrogen receptor α is still ubiquitinated in ICI 182,780 + E₂-treated cells, whereas it is not ubiquitinated in ICI 182,780 + leptin-treated cells (Fig. 7B; data not shown). Similarly, the abundance of nuclear estrogen receptor α is higher under ICI 182,780 + leptin conditions than that seen in ICI 182,780 + E₂-treated cells (Fig. 4A). In part, this phenomenon could be explained by the recent discovery that estrogen receptor a turnover is differentially regulated depending on whether the receptor is unliganded, agonist bound, or antagonist bound and whether other cellular pathways (e.g., MAP kinases) are induced by cell surface receptors (46). Thus, it is possible that leptin can exert its action only on ICI 182,780-dependent estrogen receptor a processing. Indeed, in different assays, we did not observe any effects of leptin on basal or E2-induced activity of estrogen receptor α . These data suggest that in our cell model, leptin did not modulate the synthesis of endogenous E2. This latter point is worth discussion because leptin has been suggested as a potential modulator of E₂ production (36-40). In some cell models (36, 37), including breast cancer cells (38), leptin has been shown to stimulate the aromatase gene promoter and aromatase activity. Furthermore, pharmacologic doses of

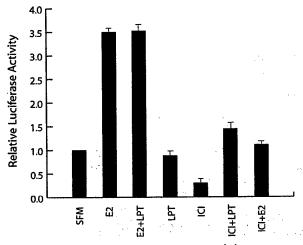


Fig. 6 Leptin increases estrogen receptor α transcription at estrogen response element promoters in ICI 182,780-treated cells. MCF-7 cells grown in 24-well plates were transfected for 6 hours with 0.5 mg of DNA per well using Fugene 6. All transfection mixtures contained 0.5 mg of estrogen response element reporter plasmid estrogen response element-TK-Luc. In addition, each of the DNA mixtures contained 50 ng of pRL-TK-Luc plasmid encoding renilla luciferase to assess transfection efficiency. Upon transfection, the cells were shifted to SFM for 16 hours and then treated for 24 hours with 10 nmol/L E2, 10 nmol/L ICI 182,780 (ICI), 100 ng/mL leptin (LPT), ICI 182,780 + leptin (ICI+LPT), E_2 + ICI 182,780 (E2+ICI) or left untreated (SFM). Luciferase activity (Luc and RI Luc) was measured in cell lysates with a luminometer. Relative Luc activity in each sample was obtained upon normalization of Luc to RI-Luc values. The mean relative Luc activity (±SEM) obtained in five experiments is shown. The differences between leptin and ICI 182,780 values and between ICI 182,780 and leptin + ICI 182,780 values were statistically significant (P < 0.05).

Leptin Interferes with Antiestrogen ICI 182,780

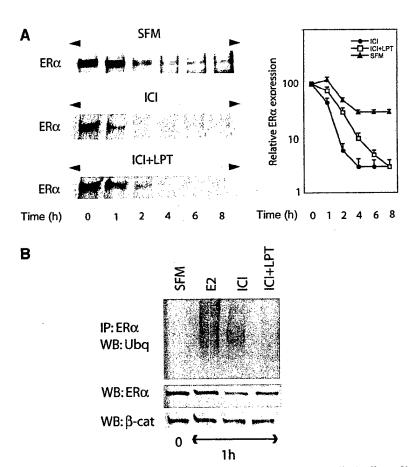


Fig. 7 Leptin effects of estrogen receptor α half-life and ubiquitination in ICI 182,780-treated MCF-7 cells. A, effects of leptin on estrogen receptor α half-life. The half-life of estrogen receptor α was determined by ³⁵S pulse-chase labeling, as described in Materials and Methods. The abundance of estrogen receptor α was analyzed at different time points (0, 2, 4, 6, and 8 hours) in untreated cells (SFM) and in cells treated with 10 nmol/L ICI 182,780 and 10 nmol/L ICI 182,780 + 100 ng/mL leptin (ICI+LPT). The expression of estrogen receptor α at time 0 was assigned a value of 100. The relative estrogen receptor α expression (±SEM) under different experimental conditions is presented in the graph. This experiment was repeated three times. The differences between ICI 182,780 and ICI 182,780 + leptin values were statistically significant (P < 0.05) at 1, 2, and 4 hours. B, effects of leptin on estrogen receptor α ubiquitination. MCF-7 cells were treated for 1 hour with 10 nmol/L E₂, 10 nmol/L ICI 182,780 (ICI), or 10 nmol/L ICI 182,780 + 100 ng/mL leptin (ICI+LPT) or left untreated in SFM. Estrogen receptor α was immunoprecipitated (IP) from 500 μg of total protein lysates, and its levels and ubiquitination were evaluated by Western blotting (WB) with specific Abs, as described in Materials and Methods. The expression of β-catenin (β-cat) in 50 μg of total protein lysates is shown as a control of protein loading.

leptin (1000 ng/mL) apparently activate estrogen response element promoters, presumably through the stimulation of E_2 synthesis (56), however, increased E_2 expression has not been formally shown in this setting. Our data included in Figs. 4A, 5, and 6 suggest that the exogenous E_2 levels were similar in untreated and leptin-induced MCF-7 cell cultures.

In summary, we demonstrated that leptin interferes with the action of ICI 182,780 in MCF-7 cells. Our results suggest that the mechanism of this phenomenon involves increased nuclear expression and activity of estrogen receptor α but is independent of E_2 . Future studies should explore whether obesity might impede the benefits of ICI 182,780 therapy in breast cancer patients.

REFERENCES

1. Stephenson GD, Rose DP. Breast cancer and obesity: an update. Nutr Cancer 2003;45:1–16.

- 2. Rose DP, Gilhooly EM, Nixon DW. Adverse effects of obesity on breast cancer prognosis, and the biological actions of leptin [review]. Int J Oncol 2002;21:1285-92.
- 3. Cleary MP, Maihle NJ. The role of body mass index in the relative risk of developing premenopausal versus postmenopausal breast cancer. Proc Soc Exp Biol Med 1997;216:28-43.
- 5. Bastarrachea J, Hortobagyi GN, Smith TL, Kau SW, Buzdar AU. Obesity as an adverse prognostic factor for patients receiving adjuvant chemotherapy for breast cancer. Ann Intern Med 1994;120:18–25.
- 6. Klurfeld DM, Lloyd LM, Welch CB, Davis MJ, Tulp OL, Kritchevsky D. Reduction of enhanced mammary carcinogenesis in LA/N-cp (corpulent) rats by energy restriction. Proc Soc Exp Biol Med 1991; 196:381-4.
- 7. Waxler SH. Obesity and cancer susceptibility in mice. Am J Clin Nutr 1960;8:760-6.
- 8. Wolff GL, Kodell RL, Cameron AM, Medina D. Accelerated appearance of chemically induced mammary carcinomas in obese yellow

- (Avy/A) (BALB/c X VY) F1 hybrid mice. J Toxicol Environ Health 1982;10:131-42.
- 9. Heston WE, Vlahakis G. Genetic obesity and neoplasia. J Natl Cancer Inst (Bethesda) 1962;29:197-209.
- 10. Wauters M, Considine RV, Van Gaal LF. Human leptin: from an adipocyte hormone to an endocrine mediator. Eur J Endocrinol 2000;
- 11. Neville MC, McFadden TB, Forsyth I. Hormonal regulation of mammary differentiation and milk secretion. J Mammary Gland Biol Neoplasia 2002;7:49-66.
- 12. Bonnet M, Delavaud C, Laud K, et al. Mammary leptin synthesis, milk leptin and their putative physiological roles. Reprod Nutr Dev 2002;42:399-413.
- 13. Brann DW, Wade MF, Dhandapani KM, Mahesh VB, Buchanan CD. Leptin and reproduction. Steroids 2002;67:95-104.
- 14. Goumenou AG, Matalliotakis IM, Koumantakis GE, Panidis DK. The role of leptin in fertility. Eur J Obstet Gynecol Reprod Biol 2003;106:118-24.
- 15. Sierra-Honigmann MR, Nat AK, Murakami C, et al. Biological action of leptin as an angiogenic factor. Science 1998;281:1683-6.
- 16. Attoub S, Noe V, Pirola L, et al. Leptin promotes invasiveness of kidney and colonic epithelial cells via phosphoinositide 3-kinase-, rho-, and rac-dependent signaling pathways. FASEB J 2000;14:2329-33.
- 17. Tsuchiya T, Shimizu H, Horie T, Mori M. Expression of leptin receptor in lung: leptin as a growth factor. Eur Pharmacol 1999;365: 273-9.
- 18. Hu X, Juneja SC, Maihle NJ, Cleary MP. Leptin: a growth factor in normal and malignant breast cells and for normal mammary gland development. J Natl Cancer Inst (Bethesda) 2002;94:1704-11.
- 19. Dieudonne MN, Machinal-Quelin F, Serazin-Leroy V, Leneveu MC, Pecquery R, Giudicelli Y. Leptin mediates a proliferative response in human MCF7 breast cancer cells. Biochem Biophys Res Commun
- 20. Laud K, Gourdou I, Pessemesse L, Peyrat JP, Djiane J. Identification of leptin receptors in human breast cancer: functional activity in the T47-D breast cancer cell line. Mol Cell Endocrinol 2002;188:219-26.
- 21. Baratta M, Grolli S, Tamanini C. Effect of leptin in proliferating and differentiated HC11 mouse mammary cells. Regul Pept 2003;113:
- 22. Okumura M, Yamamoto M, Sakuma H, et al. Leptin and high glucose stimulate cell proliferation in MCF-7 human breast cancer cells: reciprocal involvement of PKC-α and PPAR expression. Biochim Biophys Acta 2002;1592:107-16.
- 23. Tartaglia LA. The leptin receptor. J Biol Chem 1997;272:6093-6.
- 24. Barr VA, Lane K, Taylor SI. Subcellular localization and internalization of the four human leptin receptor isoforms. J Biol Chem 1999; 274:21416-24.
- 25. Sweeney G. Leptin signalling. Cell Signalling 2002;14:655-63.
- 26. Zabeau L, Lavens D, Peelman F, Eyckerman S, Vandekerckhove J, Tavernier J. The ins and outs of leptin receptor activation. FEBS Lett 2003;546:45-50.
- 27. Bjorbaek C, Uotani S, da Silva B, Flier JS. Divergent signaling capacities of the long and short isoforms of the leptin receptor. J Biol Chem 1997;272:32686-95.
- 28. Bjorbaek C, Buchholz RM, Davis SM, et al. Divergent roles of SHP-2 in ERK activation by leptin receptors. J Biol Chem 2001;276: 4747-55.
- 29. Smith-Kirwin SM, O'Connor DM, De Johnston J, Lancey ED, Hassink SG, Funanage VL. Leptin expression in human mammary epithelial cells and breast milk. J Clin Endocrinol Metab 1998;83: 1810-3.
- 30. Cleary MP, Phillips FC, Getzin SC, et al. Genetically obese MMTV-TGF-α/Lep(ob)Lep(ob) female mice do not develop mammary tumors. Breast Cancer Res Treat 2003;77:205-15.

- 31. O'Brien SN, Welter BH, Price TM. Presence of leptin in breast cell lines and breast tumors. Biochem Biophys Res Commun 1999;259:
- 32. Tessitore L, Vizio B, Jenkins O, et al. Leptin expression in colorectal and breast cancer patients. Int J Mol Med 2000;5:421-6.
- 33. Petridou E, Papadiamantis Y, Markopoulos C, Spanos E, Dessypris N, Trichopoulos D. Leptin and insulin growth factor I in relation to breast cancer (Greece). Cancer Causes Control 2000;11:383-8.
- 34. Mantzoros CS, Bolhke K, Moschos S, Cramer DW. Leptin in relation to carcinoma in situ of the breast: a study of pre-menopausal cases and controls. Int J Cancer 1999;80:523-6.
- 35. Simpson ER. Sources of estrogen and their importance. J Steroid Biochem Mol Biol 2003;86:225-30.
- 36. Magoffin DA, Weitsman SR, Aagarwal SK, Jakimiuk AJ. Leptin regulation of aromatase activity in adipose stromal cells from regularly cycling women. Ginekol Pol 1999;70:1-7.
- 37. Kitawaki J, Kusuki I, Koshiba H, Tsukamoto K, Honjo H. Leptin directly stimulates aromatase activity in human luteinized granulose cells. Mol Hum Reprod 1999;5:708-13.
- 38. Catalano S, Marsico S, Giordano C, et al. Leptin enhances, via AP-1, expression of aromatase in the MCF-7 cell line. J Biol Chem 2003;278:28668-76.
- 39. Spicer LJ, Francisco CC. The adipose obese gene product, leptin: evidence of a direct inhibitory role in ovarian function. Endocrinology 1997;138:3374-9.
- 40. Ghizzoni L, Barreca A, Mastorakos G, et al. Leptin inhibits steroid biosynthesis by human granulosa-lutein cells. Horm Metab Res 2001; 33:323-8.
- 41. Machinal-Quelin F, Dieudonne MN, Pecquery R, Leneveu MC, Giudicelli Y. Direct in vitro effects of androgens and estrogens on ob gene expression and leptin secretion in human adipose tissue. Endocrine 2002;18:179-84.
- 42. Bennett PA, Lindell K, Karlsson C, Robinson IC, Carlsson LM, Carlsson B. Differential expression and regulation of leptin receptor isoforms in the rat brain: effects of fasting and oestrogen. Neuroendocrinology 1998;67:29-36.
- 43. Lindell K. Bennett PA, Itoh Y, Robinson IC, Carlsson LM, Carlsson B. Leptin receptor 5'untranslated regions in the rat: relative abundance, genomic organization and relation to putative response elements. Mol Cell Endocrinol 2001;172:37-45.
- 44. Bundred N, Howell A. Fulvestrant (Faslodex): current status in the therapy of breast cancer. Expert Rev Anticancer Ther 2002;2:151-60.
- 45. Howell A, Osborne CK, Morris C, Wakeling AE. ICI 182,780 (Faslodex): development of a novel, "pure" antiestrogen. Cancer 2000; 89:817-25.
- 46. Marsaud V, Gougelet A, Maillard S, Renoir JM. Various phosphorylation pathways, depending on agonist and antagonist binding to endogenous estrogen receptor a (ERa), differentially affect ERa extractability, proteasome-mediated stability, and transcriptional activity in human breast cancer cells. Mol Endocrinol 2003;17:2013-27.
- 47. Fan M, Bigsby RM, Nephew KP. The NEDD8 pathway is required for proteasome-mediated degradation of human estrogen receptor (ER)- α and essential for the antiproliferative activity of ICI 182,780 in ERα-positive breast cancer cells. Mol Endocrinol 2003;17:356-65.
- 48. Salerno M, Sisci D, Mauro L, Guvakova M, Ando S, Surmacz E. Insulin receptor substrate 1 (IRS-1) is a target of a pure antiestrogen ICI 182,780 in breast cancer cells. Int J Cancer 1999;81:299-304.
- 49. Guvakova MA, Surmacz E. Tamoxifen interferes with the insulinlike growth factor I receptor (IGFIR) signaling pathway in breast cancer cells. Cancer Res 1997;57:2606-10.
- 50. Shang Y, Hu X, DiRenzo J, Lazar MA, Brown M. Cofactor dynamics and sufficiency in estrogen receptor-regulated transcription. Cell
- 51. Dauvois S, Danielian PS, White R, Parker MG. Antiestrogen ICI 164,384 reduces cellular estrogen receptor content by increasing its turnover. Proc Natl Acad Sci USA 1992;89:4037-41.

- 52. Fuchs SY. The role of ubiquitin-proteasome pathway in oncogenic signaling. Cancer Biol Ther 2002;1:337-41.
- 53. Bray GA. The underlying basis for obesity: relationship to cancer. J Nutr 2002;132(Suppl):S3451-5.
- 54. Sinha MK, Opentanova I, Ohannesian JP, et al. Evidence of free and bound leptin in human circulation. Studies in lean and obese subjects and during short-term fasting. J Clin Investig 1996;98: 1277-82.
- 55. Van Dielen FMH, van T Veer C, Buurman WA, Greve JWM. Leptin and soluble leptin receptor levels in obese and weight-losing individuals. J Clin Endocrinol Metab 2002;87:1708-16.
- 56. Catalano S, Mauro L, Marsico S, et al. Leptin induces, via ERK1/2 signal, functional activation of estrogen receptor α in MCF-7 cells. J Biol Chem 2004;279:19908-15.
- 57. Surmacz E, Burgaud J-L. Overexpression of insulin receptor substrate 1 (IRS-1) in the human breast cancer cell line MCF-7 induces loss of estrogen requirements for growth and transformation. Clin Cancer Res 1995;1:1429-36.
- 58. Bartucci M, Morelli C, Mauro L, Ando' S, Surmacz E. Differential insulin-like growth factor I receptor signaling and function in estrogen receptor (ER)-positive MCF-7 and ER-negative MDAMB-231 breast cancer cells. Cancer Res 2001;61:6747-54.